

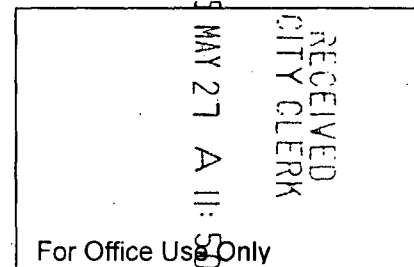
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Name (print) GARY L RATLIFF Office (if applicable) CITY COUNCIL WARD 6 District (if applicable)
6904 GLEN LAUNDING AVE Mailing Address (include city and zip code) LAS VEGAS NV 89130
GARYRLV@COX.NET E-Mail Address Telephone No.

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ Report #1 — Due March 29, 2005
 Period: Jan. 1, 2005 — Mar. 24, 2005
- ☒ Report #2 — Due May 31, 2005
 Period: Mar. 25, 2005 — May 26, 2005
- ☐ Report #3 Due — July 15, 2005
 Period: May 27, 2005 — June 30, 2005



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period
 Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0 \$200.00

0 0

- Total Amount of Monetary Contributions Received
 (Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period
 Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

0

0 \$200.00

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

0 \$4791.07

0 0

0 \$4791.07

0 \$451.50

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Gary L Ratliff

Date 27 May 2005

CAMPAIGN CONTRIBUTIONS

Report Period #

Name (print) GARY L RATLIFF Office (if applicable) CITY COUNCIL District (if applicable) WARD 6

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
ALL NONE		11111	

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CAMPAIGN EXPENSES

Report Period #

GARY L RATLIFF CITY COUNCIL WARD 6
 Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
None		None	

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period #

Name (print) GARY L. RATLIFF Office (if applicable) CITY COUNCIL WARD 6 District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
 	 	NONE	 	

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